

General

Title

Diagnosis and treatment of headache: percentage of patients with decreased migraine headache shown by using a calendar or diary.

Source(s)

Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jan. 90 p. [140 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients age 12 years and older with decreased migraine headache shown by using a calendar or diary.

Rationale

The priority aim addressed by this measure is to increase the percentage of patients with migraine headache who have improvement in their functional status.

Headache is a very common problem presenting to primary care clinicians, with about 3% of emergency department visits and 1.3% of outpatient visits for headaches. While tension-type headache is the most common type of headache overall, migraine is the most common headache type seen in clinical practice, with visits for tension-type headache and cluster headaches being much less common in clinician's offices. Therefore migraine is the first and primary headache type reviewed.

Migraine is a genetically influenced chronic brain condition marked by paroxysmal attacks of moderate to severe throbbing headache. About 324 million persons suffer from migraine worldwide according to the World Health Organization. Nearly 18% of women and 8% of men in the United States suffer from migraine in any given year. Typically the disorder begins in adolescence and young adults but the lifetime cumulative incidence is 43% for women and 18% for men. Over 25% of migraine sufferers have more than three headache days per month.

Because headache is such a common disorder that is often misdiagnosed and undertreated or mistreated, improved diagnosis of headache syndromes will improve the patient's experience of care, notably quality of and satisfaction with care. Morbidity due to headaches is substantial, so improved diagnosis and treatment will improve the health of the population. Reducing office visits, emergency department visits, and inpatient admissions for uncontrolled headache syndromes along with reducing unnecessary tests and procedures for headache diagnosis is likely to reduce total costs of care even if there are more visits for diagnosis of headache and increased costs for headache-specific drugs.

While education is of paramount importance in managing any condition, it is especially important in the ongoing management of headache. Patients may have to make lifestyle changes, are often required to make self-management choices in the treatment of individual headaches, and should maintain a diary to clarify the frequency, severity, triggers and treatment responses.

Evidence for Rationale

Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jan. 90 p. [140 references]

Loder E. Triptan therapy in migraine. N Engl J Med. 2010 Jul 1;363(1):63-70. [50 references] [PubMed](#)

Primary Health Components

Migraine headache; headache calendar or diary

Denominator Description

Number of patients age 12 years and older with migraine headache diagnosis

Numerator Description

Number of patients age 12 years and older and with migraine headache diagnosis who have headache calendar or diary

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

National Guideline Clearinghouse Link

[Diagnosis and treatment of headache.](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 12 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

The time frame pertaining to data collection is monthly.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of patients age 12 years and older with migraine headache diagnosis

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients age 12 years and older and with migraine headache diagnosis who have headache calendar or diary

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of patients with decreased migraine headache shown by using a calendar or diary.

Measure Collection Name

Diagnosis and Treatment of Headache

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: John Beithon, MD (*Work Group Leader*) (Lakeview Clinic) (Family Medicine); Jane Schmidt, NP (Affiliated Community Medical Center) (Nursing); Pamela Kildahl, RPh (HealthPartners Medical Group and Regions Hospital) (Pharmacy); Julie Krenik, MD (Hutchinson Medical Center) (Family Medicine); Mary Gallenberg, MD (Mayo Clinic) (Gynecology); Mark Liebow, MD (Mayo Clinic) (Internal Medicine); Linda Linbo, RN (Mayo Clinic) (Nursing); Jerry Swanson, MD (Mayo Clinic) (Neurology); Steven Peterson, PT (OSI Physical Therapy) (Physical Therapy); Kari Johnson, RN (Institute for Clinical Systems Improvement) (Clinical Systems Improvement Facilitator); Cassie Myers (Institute for Clinical Systems Improvement) (Clinical Systems Improvement Facilitator)

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Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

The complete ICSI policy regarding Conflicts of Interest is available at the [ICSI Web site](#)

Disclosure of Potential Conflicts of Interest

John Beithon, MD (Work Group Leader)

Physician, Family Medicine, Lakeview Clinic

National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: Spouse owns Pfizer stock from employer

Mary Gallenberg, MD (Work Group Member)

Physician, Gynecology, Mayo Clinic

National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Pamela Kildahl, RPh (Work Group Member)

Pharmacist, HealthPartners Medical Group and Regions Hospital

National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Julie Krenik, MD (Work Group Member)

Medical Director, Family Medicine, Hutchinson Medical Center

National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Mark Liebow, MD (Work Group Member)

Medical Consultant, Internal Medicine, Mayo Clinic

National, Regional, Local Committee Affiliations: Employer receives program support from a National Institute of Health grant for ovarian cancer research. Mark is also a chair for senate district 26 DFL Government Council, and a member of the American College of Physicians, MN Chapter

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Linda Linbo, RN (Work Group Member)

Neurology, Mayo Clinic

National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None
Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

Steven Peterson, PT (Work Group Member)
Clinic Manager, Physical Therapy, OSI Physical Therapy
National, Regional, Local Committee Affiliations: None
Guideline Related Activities: ICSI Adult Acute and Subacute Low Back Pain Guideline Work Group
Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

Jane Schmidt, NP (Work Group Member)
Nurse Practitioner, Family Medicine, Affiliated Community Medical Center
National, Regional, Local Committee Affiliations: None
Guideline Related Activities: None
Research Grants: None
Financial/Non-Financial Conflicts of Interest: None

Jerry Swanson, MD (Work Group Member)
Consultant and Chair of Headache Division, Neurology, Mayo Clinic
National, Regional, Local Committee Affiliations: None
Guideline Related Activities: None
Research Grants: None
Financial/Non-Financial Conflicts of Interest: Receives compensation from UpToDate as a headache document editor

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 Jan

Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Jan. 84 p.

The measure developer reaffirmed the currency of this measure in January 2016.

Measure Availability

Source available for purchase from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

. Also available to ICSI members for free at the [ICSI Web site](#)

and to Minnesota health care organizations free by request at the [ICSI Web site](#)

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For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: www.icsi.org ; E-mail: icsi.info@icsi.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on March 19, 2012.

This NQMC summary was updated by ECRI Institute on August 12, 2013.

The information was reaffirmed by the measure developer on January 13, 2016.

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Production

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